## OVER 5 ACRES LAND DIVISION APPLICATION CLARK COUNTY, OHIO

(for unincorporated areas only)

NOTE: ALL REQUIRED ITEMS NOTED BELOW AS WELL AS THIS COMPLETED APPLICATION

FORM SHALL BE SUBMITTED TO THE CLARK COUNTY PLANNING COMMISSION. IF ITEMS ARE MISSING OR INCOMPLETE, THE LAND DIVISION PROCESS CANNOT PROCEED.

NAME AND ADDRESS OF C	URRENT PROPERTY OWNER -	
Name(s):		Phone:
•		
City:	State:	Zip:
ATTORNEY / AGENT / CONT	ΓACT PERSON -	
Name(s):		Phone:
Address:		
City:	State:	Zip:
CURRENT PROPERTY STAT	TUS -	
Township	Permanent Parcel No.:	Acreage:
	Town Range or V	
<u> </u>	within 50 feet of the new lot line(s) -	Yes No
If yes, the distance is	feet.	
ensure that you will be a required to be rezoned.	Townships, you should speak with able to meet their zoning requirement to the County Planning Commission	ts. In some cases parcels may be
	nt Street, Springfield, Ohio 45506-22	_
1 One original d	leed	
2 One 18" x 24"	' survey of parcel (Please indicate structi	ures within 50 feet of new line(s).)
3 One legal desc	cription form	
3 One legal desc	empuon form	
Please check one: Is there an ex	xisting dwelling on the portion being	divided?
No Yes What	is the address?	
If no, do you wish to have an ac	ddress assigned to the proposed divisi	ion? Yes No
Ear Office Use Only		
For Office Use Only		
Date Received C	O # Date Approved _	
New Property Address		